

Deed Restriction Development Program Application Form

Date: N	Neighborhood Association:	
Contact Person:	phone (wk):	(hm)
Address		
I am applying for the Deed Restriction	n: Pro Bono Assistance Progra	nm Mini-Grant
D eed R estriction Pro I	Bono A ssistance Progran	n
How many homes are in your neighbor	orhood? When was your nei	ghborhood built?
	ou want deed restricted? (Please provid	
South		
East		
West		
Are there any enforceable assessment	fees? Yes No	
What type of assistance are you reque	esting? new deed restrictions	modifications
Other (please explain)		
	% of property owners to create new deed restrict rictions. The City of Houston only enforces dee e and number of structures per lot.	
D eed R estrictions M ir	ni-G rants (you may use additional	paper if necessary)
(Grants fund minimal costs associated with th and postage. Funds may not be used for legal	ne deed restriction process. Funds can be used for fees.)	or recordation, final petition notices
Neighborhood Organization Presiden	t/Board Chair	
Signature	Date	
Deed Restriction Committee Chair		
Signature	Date	

Ç	Qualifying Information for Organizations						
1.	Please list your current officers, name and title. Also list committees and chairs. Note: Please attach a copy of your organization's proposed deed restrictions.						
2.	What is your organization's annua	al operating budget? \$	Year:				
3.	Type of deed restrictions:	(Modification)	(Creation)	(Renewal)			
4.	Briefly describe the stage you are on the previous page to sketch a leddeed restrictions.						
5.	List the ways that you have involdid you get their input? (meetings total membership are participating	s, door-to-door surveys, flyers					
6.	Project Budget						
	Requested City Grant Funds:	\$					
	Organization's Contribution:	\$					
	Total Project Budget:	\$					

Please mail completed form to: City of Houston, Planning and Development Department, Attn: Matthew Thibodeaux, Director, Neighborhood Planning Services Division, P.O. Box 1562, Houston, TX 77251-1562.

^{*} The City reserves the right to reject any application that does not meet the eligibility requirements.

Office of the City Attorney Deed Restriction Complaint Form

ABOUT THE VIOLATION		
Date:	Council District:	
Type of violation/activity: Business _	Setback	Other
Address of violation:		Zip:
Violator and/or Property Owner's N	ame:	
Description of Violation/Activity:		
ABOUT THE SUBDIVISION	N	
Subdivision:		Section:
Name & address of civic club/homeo	wner's association	
ABOUT THE CONTACT P	ERSON/ENTIT	Y
Name of Contact Person:		Phone Number:
Address:		Zip:
	rmed of the status of	documentation and witnesses. We rely on the the alleged violation(s). Please attach available ed restriction violation.
		THOE HOUSE
Signature of Contact Per	son	
MAIL TO: City of Houston Legs	al Denartment	

of Houston Legal Department

Revenue and Compliance Division

Attn: Deed Restriction Enforcement Team

P.O. Box 1562

Houston, Texas 77251-1562

